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## DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is

sought on the invention entitled:  INFORMATION NOTIFYING METHOD AND APPARATUS
INFORMATION NOTIFIING METHOD AND AFFARATOS
described and claimed in the specification:
Check one
*a. XX attached hereto.
b. 🗆 filed on as Application Serial No
I have reviewed and understand the contents of the above-identific specification, including the claims, as amended by any amendment referred to above I acknowledge the duty to disclose to the Office all information known to be material to patentability as defined in Title 37, Code of Federal Regulation §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are here claimed:
Japanese Patent Application No.2001-200066 filed on June 29, 2001
The following application(s) for patent or inventor's certificate on the invention were filed in countries foreign to the United States of America either (a more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact abusiness in the Patent Office:  James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Sames A. Ollii, Reg. No. 27,075; William P. Beilidge, Reg. No. 30,024, Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.
I hereby declare that I have reviewed and understand the contents of the Declaration, and that all statements made herein of my own knowledge are true at that all statements made on information and belief are believed to be true; at further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issue thereon.
Typewritten Full Name OF Sale or First Inventor Kazunori HORIKIRI
Typewritten Full Name of Sole or First Inventor Kazunori HORIKIRI  Given Name Handle Initial Family Name
Inventor's Signature <u>Kaymon Honkon</u>
Date of Signature December 7, 2001
Residence Ashigarakami-gun Kanagawa Japan City State or Province Country
Citizenship Japan
Post Office Address <u>c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,</u>
(Insert complete mailing Ashigarakami-gun, Kanagawa, Japan

'If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line  $\bf 3$ .

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE XX

## (Discard this page in a sole inventor application)

1	Typewritten Full Name	itoshi		ABE
		ven Name	Middle Initial	Family Name
2	Inventor's Signature	Iditoshi'	She	
3	Date of Deginerate	December 7, 2001		
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	address, including country)			
1	Typewritten Full Name of Joint Inventor Y	usuke		KANO
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1 1	Typewritten Full Name of Joint InventorH	irotake		KUDO
52 (State 62 (State 63 (State)	Giy	ven Name	Middle Initial	Family Name
2 47	Inventor's Signature	Arolake	Ludo	
3 🖳	Date of Signature	December 7, 2001		2000 V
- 12. - 12. - 1	Residence Ebina-shi City	Kanagawa State or Provin	Ce	Japan Country
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i id	(Insert complete mailing address, including country)	Kanagawa, Japa	n	
- FEE				
1 = 4	Typewritten Full Name of Joint Inventor			
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1	of Joint Inventor			Romi I.v. Nomo
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2	Inventor's Signature			
3	Date of Signature			
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	Citizenship			
	Post Office Address			
	(Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.